

Agency Case No.

Sheet ____ of ____

INVESTIGATOR'S WORK SHEET										FOR STATE USE ONLY																																																																															
TOTAL NUMBER OF VEHICLES INVOLVED A B C D E F G H I J K	DATE OF ACCIDENT		MO.	DAY	YR.	DAY OF ACCIDENT		Sun.	M	T	W	T	F	Sat.	TIME OF ACCIDENT	MILITARY TIME		POLICE NOTIFIED																																																																							
	PLACE OF ACCIDENT		COUNTY:						CITY:						Hrs.		POLICE ARRIVED		Hrs.																																																																						
	ROAD ON WHICH ACCIDENT OCCURRED		STREET OR HIGHWAY NO.: (If No Highway Number, Identify By Name)												ONE-WAY STREET		POSTED SPEED LIMIT																																																																								
	DISTANCE FROM MILEPOST		FEET:		N	S	E	W	OF MILEPOST:		No.		HIGHWAY NO.:		PRIVATE PROPERTY		YES		NO		Dist.																																																																				
IF AT INTERSECTION										IF NOT AT INTERSECTION																																																																															
NAME OF INTERSECTING ROADWAY:										FEET:		N	S	E	W	OF NEAREST STREET OR HIGHWAY, BRIDGE, RAILROAD CROSSING OR MILEPOST:																																																																									
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										MILES:		N	S	E	W	AND MILES:		N	S	E	W	OF NEAREST CITY OR TOWN:																																																																			
VEHICLE NUMBER - 1															VEHICLE NUMBER - 2																																																																										
DRIVER:															PHONE:																																																																										
DRIVER'S ADDRESS:															CITY, STATE, ZIP:																																																																										
DRIVER'S LICENSE															STATE															NUMBER:															DATE OF BIRTH															SEX																													
LICENSE PLATE															YEAR:															STATE:															NUMBER:															ESTIMATED DAMAGE \$																													
VEHICLE I.D. NUMBER (VIN):															CITATION:															YES															NO																																												
OWNER:															PHONE:															OWNER:															PHONE:																																												
OWNER'S ADDRESS:															CITY, STATE, ZIP:															OWNER'S ADDRESS:															CITY, STATE, ZIP:																																												
INSURANCE COMPANY:															POLICY NUMBER:															INSURANCE COMPANY:															POLICY NUMBER:																																												
TOWED TO:															TOWED BY:															TOWED TO:															TOWED BY:																																												
VEHICLE MOVEMENT BEFORE COLLISION															CIRCLE POINT OF IMPACT & SHADE DAMAGED AREA															DISPOSITION OF VEHICLE (Check one per vehicle)															EXTENT OF VEHICLE DEFORMITY (Check one per vehicle)															DRIVER'S CONDITION (Check one per vehicle)																													
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VEH 15															VEH 15															VEH 15															VEH 15															VEH 15																													
RESTRAINT USE															AIR BAG															(✓) IF NO AIR BAG AVAILABLE															RESTRAINT USE															AIR BAG															(✓) IF NO AIR BAG AVAILABLE														
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THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED



Indicate
North
by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

PROPERTY	OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAMAGE:
					\$
WITNESSES	OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAMAGE:
					\$
WITNESSES	NAME: ADDRESS:				PHONE:
	NAME: ADDRESS:				PHONE:
WAS INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS INVESTIGATION COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S REPORT FORM FURNISHED TO? <input type="checkbox"/> 1 <input type="checkbox"/> 2	WERE PHOTOGRAPHS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
				SHOULD LOCATION HAVE AN ENGINEERING STUDY? <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER NO.:
INVESTIGATOR'S PRINTED OR TYPED NAME:		INVESTIGATOR'S SIGNATURE:		DEPARTMENT:	DATE OF REPORT
				TROOP:	MO. DAY YR.

INVESTIGATOR'S MOTOR VEHICLE ACCIDENT CONTINUATION REPORT

Sheet ____ of ____

AGENCY CASE NUMBER		DATE OF ACCIDENT		MO. DAY YR.		COUNTY		FOR STATE USE ONLY	
CITY:		OCCURRED ON HIGHWAY/ROAD/STREET:						Dist.	
VEHICLE NUMBER -					VEHICLE NUMBER -				
DRIVER:		PHONE:		DRIVER:		PHONE:			
DRIVER'S ADDRESS:		CITY, STATE, ZIP:		DRIVER'S ADDRESS:		CITY, STATE, ZIP:			
DRIVER'S LICENSE		STATE NUMBER		DATE OF BIRTH		SEX			
LICENSE PLATE		YEAR		STATE		NUMBER		ESTIMATED DAMAGE \$	
VEHICLE YEAR		MAKE		MODEL		BODY STYLE		COLOR	
VEHICLE I.D. NUMBER (VIN):		CITATION YES NO		VEHICLE I.D. NUMBER (VIN):		CITATION YES NO		PHONE	
OWNER:		PHONE:		OWNER:		PHONE:			
OWNER'S ADDRESS:		CITY, STATE, ZIP:		OWNER'S ADDRESS:		CITY, STATE, ZIP:			
INSURANCE COMPANY:				INSURANCE COMPANY:					
POLICY NUMBER:				POLICY NUMBER:					
TOWED TO:		TOWED BY:		TOWED TO:		TOWED BY:			
VEHICLE MOVEMENT BEFORE COLLISION		CIRCLE POINT OF IMPACT & SHADE DAMAGED AREA		DISPOSITION OF VEHICLE (Check one per vehicle)		EXTENT OF VEHICLE DEFORMITY (Check one per vehicle)		DRIVER'S CONDITION (Check one per vehicle)	
VEH. NO. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ROAD OR HIGHWAY NAME 1 <input type="checkbox"/> Going ahead 2 <input type="checkbox"/> Passing 3 <input type="checkbox"/> Turning right 4 <input type="checkbox"/> Turning left 5 <input type="checkbox"/> Making "U" turn 6 <input type="checkbox"/> Slowing down 7 <input type="checkbox"/> Starting in traffic lane 8 <input type="checkbox"/> Starting from parked position 9 <input type="checkbox"/> Backing up 10 <input type="checkbox"/> Stopped in traffic lane 11 <input type="checkbox"/> Stalled in traffic lane 12 <input type="checkbox"/> Parked 13 <input type="checkbox"/> Improperly parked 14 <input type="checkbox"/> Merging 15 <input type="checkbox"/> Changing lanes		2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 9 <input type="checkbox"/> Top and windows 10 <input type="checkbox"/> Undercarriage 11 <input type="checkbox"/> All areas 12 <input type="checkbox"/> Unknown		1 <input type="checkbox"/> Towed due to damages 2 <input type="checkbox"/> Towed - other reasons 3 <input type="checkbox"/> Left at scene 4 <input type="checkbox"/> Driven away 5 <input type="checkbox"/> Unknown		1 <input type="checkbox"/> None 2 <input type="checkbox"/> Minor 3 <input type="checkbox"/> Moderate 4 <input type="checkbox"/> Severe 5 <input type="checkbox"/> Unknown		1 <input type="checkbox"/> Normal 2 <input type="checkbox"/> Fatigue/Asleep 3 <input type="checkbox"/> Illness 4 <input type="checkbox"/> Drinking 5 <input type="checkbox"/> Illegal drugs 6 <input type="checkbox"/> Medication 7 <input type="checkbox"/> Unknown 8 <input type="checkbox"/> Other (Specify)	
RESTRAINT USE		AIR BAG		RESTRAINT USE		AIR BAG		ALCOHOL TESTING	
1 - No restraint available 2 - Restraint not used 3 - Lap belt 4 - Lap and shoulder belt		DID AIR BAG DEPLOY? YES NO SEAT POSITION Driver Seat Front Passenger		1 - No restraint available 2 - Restraint not used 3 - Lap belt 4 - Lap and shoulder belt		DID AIR BAG DEPLOY? YES NO SEAT POSITION Driver Seat Front Passenger		ALCOHOL LEVEL TESTED Y N Driver No. <input type="checkbox"/> Driver No. <input type="checkbox"/> Pedestrian	
1 SEATING POSITION (Enter one)		2 EJECTED/TRAPPED (Enter one)		3 BODY REGION WITH MOST SEVERE INJURY (Enter one)		4 INJURY SEVERITY (Enter one)		5 TRANSPORTED TO MEDICAL FACILITY (Enter one)	
10. Other enclosed passenger/cargo area 11. Other unenclosed passenger/cargo area 12. Riding on vehicle exterior 13. Sleeper section of truck cab 14. Trailing unit 15. Moped 16. Motorcycle operator 17. Motorcycle passenger 18. Pedestrian 19. Bicycle 20. Unknown		1. Not ejected or trapped 2. Partially ejected 3. Totally ejected 4. Trapped - Occupant removed without use of equipment 5. Trapped - Equipment used in extrication 6. Unknown		1. Head 2. Face 3. Neck 4. Chest 5. Back/spine 6. Shoulder/upper arm 7. Elbow/lower arm/hand 8. Abdomen/pelvis 9. Hip/upper leg 10. Knee/lower leg/foot 11. Entire body 12. Unknown		1. Killed 2. Disabling - cannot leave scene without assistance/broken bones, severe cuts, prolonged unconsciousness, etc. 3. Visible but not disabling (minor cuts, swelling, etc.) 4. Possible but not visible (complaint of pain, etc.)		Was the individual transported from the crash site to a medical facility for treatment of injuries received in the crash? 1. Yes 2. No 3. Unknown	
VEH. # NAME: ADDRESS: VEH. # NAME: ADDRESS: VEH. # NAME: ADDRESS:		VEH. # NAME: ADDRESS: VEH. # NAME: ADDRESS: VEH. # NAME: ADDRESS:		VEH. # NAME: ADDRESS: VEH. # NAME: ADDRESS: VEH. # NAME: ADDRESS:		DATE OF BIRTH SEX M F 1 2 3 4 5 Seat Pos. Eject. Body Reg. Inj. Sev. Trans.			
OBJECT DAMAGED:		NAME OF OWNER:		ADDRESS:		PHONE:		APPROX. COST OF DAMAGE \$	
OBJECT DAMAGED:		NAME OF OWNER:		ADDRESS:		PHONE:		APPROX. COST OF DAMAGE \$	
INVESTIGATOR'S PRINTED OR TYPED NAME		INVESTIGATOR'S SIGNATURE		DEPARTMENT		OFFICER NO.		DATE OF REPORT	

STATE OF NEBRASKA

INVESTIGATOR'S SUPPLEMENTAL TRUCK AND BUS ACCIDENT REPORTThis form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet of

AGENCY CASE NUMBER:	DATE OF ACCIDENT:	COUNTY:	FOR STATE USE ONLY
CITY:	OCCURRED ON HIGHWAY/ROAD/STREET:		
			Dist.









TRUCK / BUS - 1

DRIVER: (Print or type full name)		NUMBER OF AXLES (Including trailer)	GROSS VEHICLE WEIGHT RATING (Combined rating for vehicle and trailer)	lbs.
CARRIER NAME: (Print or type full name)		CARRIER NAME SOURCE	CARRIER IDENTIFICATION NUMBER	
CARRIER ADDRESS: (Street or R.F.D.)		1 <input type="checkbox"/> Vehicle Side	1 U.S. DOT	
CITY, STATE, ZIP:		2 <input type="checkbox"/> Shipping Papers	2 ICC MC	
		3 <input type="checkbox"/> Driver or Logbook	3 ST No.	
COMMERCE CLASSIFICATION (check one)	TRUCK WIDTH (widest part of truck or trailer)	SEQUENCE OF EVENTS (Indicate the order of events by Code No. for this vehicle)		
1 <input type="checkbox"/> Interstate Commerce	1 <input type="checkbox"/> 96 inches	SEQUENCE CODE NO.	CODE NO.	CODE NO.
2 <input type="checkbox"/> Intrastate Commerce	2 <input type="checkbox"/> 102 inches	1st Event <input type="checkbox"/>	1 Ran off road	10 Collision with parked vehicle
3 <input type="checkbox"/> Not Applicable	3 <input type="checkbox"/> Other (Specify)	2nd Event <input type="checkbox"/>	2 Jackknife	11 Collision with train
VEHICLE CONFIGURATION (check one)	CARGO BODY TYPE (check one)	3rd Event <input type="checkbox"/>	3 Overturn	12 Collision with pedalcycle
1 <input type="checkbox"/> Bus	1 <input type="checkbox"/> Bus	4th Event <input type="checkbox"/>	4 Downhill runaway	13 Collision with animal
2 <input type="checkbox"/> Single-Unit Truck: 2 axles, 6 tires	2 <input type="checkbox"/> Van/Enclosed Box		5 Cargo loss or shift	14 Collision with fixed object
3 <input type="checkbox"/> Single-Unit Truck: 3 or more axles	3 <input type="checkbox"/> Cargo Tank		6 Explosion or fire	15 Collision with other object
4 <input type="checkbox"/> Single-Unit Truck tractor (bobtail)	4 <input type="checkbox"/> Flatbed		7 Separation of units	16 Other (Specify)
5 <input type="checkbox"/> Truck with Trailer	5 <input type="checkbox"/> Dump		8 Collision with pedestrian	
6 <input type="checkbox"/> Tractor with Semi-Trailer	6 <input type="checkbox"/> Concrete Mixer		9 Collision with vehicle in transport	
7 <input type="checkbox"/> Tractor with Doubles	7 <input type="checkbox"/> Auto Transporter			
8 <input type="checkbox"/> Tractor with Triples	8 <input type="checkbox"/> Garbage/Refuse			
9 <input type="checkbox"/> Unknown Heavy Truck	9 <input type="checkbox"/> Other (Specify)			
HAZARDOUS MATERIAL INVOLVED				
Did vehicle have a HAZ MAT Placard?		Placard Information: 4-Digit I.D. or Name (from box or diamond)	1-Digit (from box or diamond)	Was hazardous cargo released? (do not count fuel from fuel tank)
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1. _____	_____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
		2. _____		

TRUCK / BUS - 2

DRIVER: (Print or type full name)		NUMBER OF AXLES (Including trailer)	GROSS VEHICLE WEIGHT RATING (Combined rating for vehicle and trailer)	lbs.
CARRIER NAME: (Print or type full name)		CARRIER NAME SOURCE	CARRIER IDENTIFICATION NUMBER	
CARRIER ADDRESS: (Street or R.F.D.)		1 <input type="checkbox"/> Vehicle Side	1 U.S. DOT	
CITY, STATE, ZIP:		2 <input type="checkbox"/> Shipping Papers	2 ICC MC	
		3 <input type="checkbox"/> Driver or Logbook	3 ST No.	
COMMERCE CLASSIFICATION (check one)	TRUCK WIDTH (widest part of truck or trailer)	SEQUENCE OF EVENTS (Indicate the order of events by Code No. for this vehicle)		
1 <input type="checkbox"/> Interstate Commerce	1 <input type="checkbox"/> 96 inches	SEQUENCE CODE NO.	CODE NO.	CODE NO.
2 <input type="checkbox"/> Intrastate Commerce	2 <input type="checkbox"/> 102 inches	1st Event <input type="checkbox"/>	1 Ran off road	10 Collision with parked vehicle
3 <input type="checkbox"/> Not Applicable	3 <input type="checkbox"/> Other (Specify)	2nd Event <input type="checkbox"/>	2 Jackknife	11 Collision with train
VEHICLE CONFIGURATION (check one)	CARGO BODY TYPE (check one)	3rd Event <input type="checkbox"/>	3 Overturn	12 Collision with pedalcycle
1 <input type="checkbox"/> Bus	1 <input type="checkbox"/> Bus	4th Event <input type="checkbox"/>	4 Downhill runaway	13 Collision with animal
2 <input type="checkbox"/> Single-Unit Truck: 2 axles, 6 tires	2 <input type="checkbox"/> Van/Enclosed Box		5 Cargo loss or shift	14 Collision with fixed object
3 <input type="checkbox"/> Single-Unit Truck: 3 or more axles	3 <input type="checkbox"/> Cargo Tank		6 Explosion or fire	15 Collision with other object
4 <input type="checkbox"/> Single-Unit Truck tractor (bobtail)	4 <input type="checkbox"/> Flatbed		7 Separation of units	16 Other (Specify)
5 <input type="checkbox"/> Truck with Trailer	5 <input type="checkbox"/> Dump		8 Collision with pedestrian	
6 <input type="checkbox"/> Tractor with Semi-Trailer	6 <input type="checkbox"/> Concrete Mixer		9 Collision with vehicle in transport	
7 <input type="checkbox"/> Tractor with Doubles	7 <input type="checkbox"/> Auto Transporter			
8 <input type="checkbox"/> Tractor with Triples	8 <input type="checkbox"/> Garbage/Refuse			
9 <input type="checkbox"/> Unknown Heavy Truck	9 <input type="checkbox"/> Other (Specify)			
HAZARDOUS MATERIAL INVOLVED				
Did vehicle have a HAZ MAT Placard?		Placard Information: 4-Digit I.D. or Name (from box or diamond)	1-Digit (from box or diamond)	Was hazardous cargo released? (do not count fuel from fuel tank)
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1. _____	_____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
		2. _____		

EXAMPLES OF VEHICLE CONFIGURATION CATEGORIES

1 BUS	2 SINGLE-UNIT (2 Axle; 6 Tire)	3 SINGLE-UNIT (3 or more axles)	4 SINGLE-UNIT TRUCK TRACTOR
			
5 TRUCK WITH TRAILER	6 TRACTOR WITH SEMI-TRAILER	7 TRACTOR WITH DOUBLES	8 TRACTOR WITH TRIPLES
			
INVESTIGATOR'S PRINTED OR TYPED NAME:	INVESTIGATOR'S SIGNATURE:	DEPARTMENT:	OFFICER NO. DATE OF REPORT